| Fill | in this information to | identify your c | ase: | | | | | |
|--------------------|--|--|---|--|----------------------------------|---|-----------|--|
| Del | otor 1 | George H G | ruber, Jr. | | | | | |
| | otor 2 suse, if filing) | | | | | | | |
| Uni | ted States Bankrupt | cy Court for the | : MIDDLE DISTRICT O | F PENNSYLVANIA | | | | |
| Cas | ase number 1:17-bk-05295-RNO known) | | | | Che | Check if this is: | | |
| (If kr | | | | | | An amended filing | | |
| _ | | | | | | A supplement showing postpetition chap 13 income as of the following date: 6/27/2022 | oter | |
| <u>O</u> | fficial Form | <u> 1061</u> | | | | MM / DD/ YYYY | | |
| S | chedule I: \ | Your Inc | ome | | | | 12/15 | |
| sup spo atta | plying correct infor use. If you are sepa ch a separate shee | rmation. If you arated and you t to this form. | are married and not filir ir spouse is not filing wi | ng jointly, and your spous th you, do not include inf | se is living wit ormation abo | ebtor 2), both are equally responsible to th you, include information about your out your spouse. If more space is need number (if known). Answer every ques | r led, | |
| Par | t 1: Describe | Employment | | | | | | |
| 1. | Fill in your emplo information. | yment | | Debtor 1 | | Debtor 2 or non-filing spouse | | |
| | If you have more that | • | Employment status | ■ Employed | | ☐ Employed | | |
| | attach a separate i | paye willi | | _ | | | | |

■ Not employed

Part Time Handyman

Park Run Management

Since August 2017

information about additional

Include part-time, seasonal, or

Occupation may include student or homemaker, if it applies.

Give Details About Monthly Income

self-employed work.

Occupation

Employer's name

Employer's address

How long employed there?

employers.

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll N/A 1,523.17 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 N/A Calculate gross Income. Add line 2 + line 3. 1,523.17 N/A

Official Form 106I Schedule I: Your Income page 1 Case 1:17-bk-05295-HWV Desc

□ Not employed

13. Do you expect an increase or decrease within the year after you file this form?

applies

Yes, Explain:

Schedule I: Your Income Official Form 106I page 2 Case 1:17-bk-05295-HWV Entered 06/27/22 11:09:04 Doc 85 Filed 06/27/22 Desc

6,705.75

Combined monthly income

12.

| Fill | in this information to identify your case | : | | | | | | |
|-------------------------------|--|---|--|-------------------|----------|----------------|-------------------------------|--|
| Debtor 1 George H Gruber, Jr. | | | | Check if this is: | | | | |
| | <u> </u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | ended filing | | |
| Deb | otor 2 | | | _ | A supr | olement show | ving postpetition chapter | |
| (Spo | ouse, if filing) | | | _ | | enses as of | the following date: | |
| Unit | ted States Bankruptcy Court for the: MIDI | DLE DISTRICT OF PENNSYL | VANIA | | MM / [| OD / YYYY | | |
| | 1:17-bk-05295-RNO (nown) | | | | | | | |
| Of | fficial Form 106J | | | | | | | |
| So | chedule J: Your Expe | enses | | | | | 12/15 | |
| Be info nur | as complete and accurate as possik ormation. If more space is needed, a mber (if known). Answer every quest | ole. If two married people are tach another sheet to this t | | | | | | |
| 1. | Is this a joint case? | | | | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a sep | parate household? | | | | | | |
| | □ No □ Yes. Debtor 2 must file Of | ficial Form 106J-2, <i>Expenses</i> | for Separate Househo | old of De | ebtor 2. | | | |
| 2. | Do you have dependents? ■ No | | | | | | | |
| | Do not list Debtor 1 and Ye Debtor 2. | S. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | | De ag | pendent's e | Does dependent live with you? | |
| | Do not state the | | | | | | □ No | |
| | dependents names. | | | | | | ☐ Yes | |
| | | | | | | | □ No | |
| | | | | | | | ☐ Yes | |
| | | | | | | | □ No | |
| | | | | | | | ☐ Yes | |
| | | | | | | | □ No | |
| | | | | | | | ☐ Yes | |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? t 2: Estimate Your Ongoing Mon | ■ No □ Yes | | | | | | |
| Est exp | timate your expenses as of your ban penses as of a date after the bankrup plicable date. | kruptcy filing date unless y | | | | | | |
| the | lude expenses paid for with non-case value of such assistance and have | | | | | Vaur avn | | |
| (Off | ficial Form 106l.) | | | | | Your exp | enses | |
| 4. | The rental or home ownership exp payments and any rent for the ground | _ | nclude first mortgage | 4. | \$ | | 2,013.44 | |
| | If not included in line 4: | | | | | | | |
| | 4a. Real estate taxes | | | 4a. | \$ | | 0.00 | |
| | 4b. Property, homeowner's, or ren | ter's insurance | | 4b. | | | 0.00 | |
| | 4c. Home maintenance, repair, an | | | 4c. | \$ | | 50.00 | |
| | 4d. Homeowner's association or c | ondominium dues | | 4d. | \$ | | 16.77 | |
| 5 | Additional mortgage nayments for | vour residence such as hor | mo oquity loons | 5 | Φ. | | 0.00 | |

Official Form 106J Schedule J: Your Expenses page 1

| Debtor 1 | George H Gruber, Jr. | Case number (if know | wn) <u>1:17-bk-05295-RNO</u> | | | | | |
|---------------|---|----------------------|------------------------------|--|--|--|--|--|
| i. Util | ities: | | | | | | | |
| 6a. | Electricity, heat, natural gas | 6a. \$ | 264.00 | | | | | |
| 6b. | Water, sewer, garbage collection | 6b. \$ | 190.00 | | | | | |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 564.00 | | | | | |
| 6d. | Other. Specify: | 6d. \$ | 0.00 | | | | | |
| . Foo | d and housekeeping supplies | 7. \$ | 700.00 | | | | | |
| | dcare and children's education costs | 8. \$ | 0.00 | | | | | |
| . Clo | thing, laundry, and dry cleaning | 9. \$ | 40.00 | | | | | |
| | sonal care products and services | 10. \$ | 80.00 | | | | | |
| | lical and dental expenses | 11. \$ | 40.00 | | | | | |
| | nsportation. Include gas, maintenance, bus or train fare. | π. Ψ | 40.00 | | | | | |
| | not include car payments. | 12. \$ | 300.00 | | | | | |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 100.00 | | | | | |
| | ritable contributions and religious donations | 14. \$ | 0.00 | | | | | |
| | rance. | · · · · · · | 0.00 | | | | | |
| - | not include insurance deducted from your pay or included in lines 4 or 20. | | | | | | | |
| | Life insurance | 15a. \$ | 0.00 | | | | | |
| 15b | . Health insurance | 15b. \$ | 428.60 | | | | | |
| 15c | Vehicle insurance | 15c. \$ | 105.86 | | | | | |
| | Other insurance. Specify: | 15d. \$ | 0.00 | | | | | |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | 0.00 | | | | | |
| | cify: | 16. \$ | 0.00 | | | | | |
| | allment or lease payments: | · | | | | | | |
| | . Car payments for Vehicle 1 | 17a. \$ | 339.38 | | | | | |
| 17b | . Car payments for Vehicle 2 | 17b. \$ | 0.00 | | | | | |
| 17c | Other. Specify: | 17c. \$ | 0.00 | | | | | |
| | Other. Specify: | 17d. \$ | 0.00 | | | | | |
| | r payments of alimony, maintenance, and support that you did not report a | | | | | | | |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I) | | 0.00 | | | | | |
| | er payments you make to support others who do not live with you. | \$ | 0.00 | | | | | |
| Spe | cify: | 19. | | | | | | |
| 0. Oth | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | | | | | | |
| 20a | . Mortgages on other property | 20a. \$ | 0.00 | | | | | |
| 20b | . Real estate taxes | 20b. \$ | 0.00 | | | | | |
| 20c | Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 | | | | | |
| 20d | . Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 | | | | | |
| 20e | . Homeowner's association or condominium dues | 20e. \$ | 0.00 | | | | | |
| . Oth | er: Specify: Veterinary Care and Pet Expenses | 21. +\$ | 107.50 | | | | | |
| | paming Service Subscriptions | +\$ | 80.00 | | | | | |
| | n membership | | 31.45 | | | | | |
| | n membersnip vn Care | +\$ | 100.00 | | | | | |
| | | +\$ | | | | | | |
| Пν | AC Service/Maintenance Contract | | 58.33 | | | | | |
| 2. Cal | culate your monthly expenses | | | | | | | |
| 22a | . Add lines 4 through 21. | \$ | 5,609.33 | | | | | |
| 22b | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | - | | | | | |
| | Add line 22a and 22b. The result is your monthly expenses. | <u>\$</u> — | 5,609.33 | | | | | |
| | , , , | | 3,003.00 | | | | | |
| | culate your monthly net income. | | _ | | | | | |
| | . Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 6,705.75 | | | | | |
| 23b | . Copy your monthly expenses from line 22c above. | 23b\$ | 5,609.33 | | | | | |
| | | | | | | | | |
| 23c | Subtract your monthly expenses from your monthly income. | 222 | 1,096.42 | | | | | |
| | The result is your monthly net income. | 23c. \$ | 1,090.42 | | | | | |
| 4 Do | you expect an increase or decrease in your expenses within the year after y | you file this form? | | | | | | |
| | o you expect an increase or decrease in your expenses within the year after you file this form? or example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a | | | | | | | |
| | dification to the terms of your mortgage? | | | | | | | |
| | No. | | | | | | | |
| | /es. Explain here: | | | | | | | |